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An Intensely Personal Issue

Filed under FAMILIES, FLEET AND THE FLEET MARINE FORCE, HEATH

{NO COMMENTS}

By Lt. Mark Peugeot, Ph.D., clinical psychologist, Naval Hospital Guam



You are on the front line in the battle against suicide.

September is Suicide Prevention Month, but what does that mean for us?

Will it mean more training? For some suicide prevention is a very sensitive issue. For those who have not been impacted by this tragedy perhaps it's not as delicate a subject, please don't roll your eyes just yet.

Suicide prevention is an intensely personal issue for those who believe that barriers to care are what led to the loss of their loved one, friend, battle buddy, or member of their unit. It is entirely possible that if someone had realized the distress the person was experiencing and acted on it that



It is entirely possible that if someone had realized the distress the person was experiencing and acted on it that death was preventable.

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death was preventable. This is where you are needed! You can help prevent death from suicide. You are on the front line in the battle against suicide.

(U.S. Navy photo by MC2 Todd Franthom)

Some might not be convinced to read further, but I challenge you to continue reading and understand the importance of the problem we face as service members together. According to the Veterans Administration, in 2010 we lost more than 100 people each day to suicide, making it the third largest cause of death in the United States for persons under the age of 25. Of the suicides in the United States, roughly one in five persons who complete suicide is a veteran. This means we lose nearly 18-22 veterans a day to suicide or as many as 8,000 of our brothers and sisters who have served this country each year.

In the past, active duty military service members were significantly less likely to complete suicide and exhibited rates far below that of the general population (VA/DoD, 2013). Department of Defense data from 2012 however indicates that active duty member suicide rates have peaked significantly above the general population (DoD, 2013). If this doesn't show that the fight against suicide is at our front door, I don't know what will.



One of the greatest hurdles to preventing suicide is getting the person to walk through our door. (U.S. Navy photo by PH3 Kevin S. O'Brien)

As a clinical psychologist, I know that psychologists, psychiatrists, and other allied health care providers can make a difference when caring for an actively suicidal person. Unfortunately, many times health care providers do not ever get the opportunity to intervene because we were not aware of the need. One of the greatest hurdles to preventing suicide is getting the person to walk through our door. The perceived stigma associated with seeking mental health care is one of the most often cited reasons by

my patients when I ask why they delayed seeking treatment. Often times, after seeking and receiving care, my patients adopt a radically different view of mental health treatment, mental health stigma, and what mental health care means to them.

Many of my patients express concern during our initial meetings regarding the long term impact of seeking mental health care. I have heard people tell me that if they go to mental health that it will be the "end of my career", "limit my ability to pursue specific jobs/assignments", and "will prevent me from attaining future success."

Frankly, there is always the possibility that mental illness or a specific mental condition might result in any of those outcomes. In practice, however, that is not often the case for the majority of patients. In my experience, many of the patients that are seen in mental health are able to achieve symptom resolution/management and are able to continue their careers without significant adverse impact. This



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includes depression, anxiety, and a wide variety of other conditions. In other cases, mental health care has prevented the premature ending of careers by providing the support and treatment needed to return service members to full duty. So, while it is true that some conditions are service disqualifying or limiting, many can be successfully treated with the final result being the return of the service member to full duty.

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Accurately identifying those who are suicidal can often be more difficult than identifying persons who are experiencing psychological or emotional distress. Should you be aware of a person experiencing emotional or psychological distress, share your concern with them and encourage them to seek professional care. Ask if they are feeling suicidal or have a desire to harm themselves or others, and if they do, stay with them until you can get additional help.

There are three direct warning signs that should never be ignored regarding suicide:

1. Suicidal communications (talking, writing, etc.)
2. Preparations (divesting of responsibility or assets)
3. Seeking access to lethal means (firearms, medications, or dangerous/isolated areas)

If you observe these warning signs: Don't think; act to ensure the safety of the individual.



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In closing, I hope to have achieved two goals in this article. First provide information about how to identify and protect those in need of care. Second, to dispel misinformation surrounding mental health care and reduce the stigma that serves as a boundary to seeking care. Both issues are critical to preventing suicide

amongst service members. Seeking help for emotional or psychological problems is important. Seeking help for suicidal thoughts, plans, intent, or behavior is critical! Simply seeking help for emotional or psychological problems will not automatically end your career. Seeking help is not a sign of weakness, but a sign of strength and resilience. Take care of yourself and the sailors around you and don't let stigma get in the way of your health. Together we can prevent suicide.

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